

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Sandhills Center Local Management Entity	b. Date Submitted
c. Name of Proposed LME Alternative Service Assertive Engagement: A Statewide Alt Service Definition QP – YA352	
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 12-31-09 </div>	
e. Submitted by: Victoria Whitt, Deputy Director/COO	<div style="display: flex;"> <div style="flex: 1;"> f. E-Mail victoriw@sandhillscenter.org </div> <div style="flex: 1;"> g. Phone No. 910-673-9111 </div> </div>

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service <i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Assertive Engagement</p> <p>Assertive engagement is a method of outreaching to individuals who have severe and/or serious mental illness, and/or those who are dually diagnosed with mental illness and addictive disorders, and/or are developmentally disabled, and who have not effectively engaged with treatment for the disorder(s). Assertive engagement is a necessary step in the process of effectively treating these illnesses. To work with people in a productive way, they have to feel like there is something in it for them. One of the first things you do is to give the individual an opportunity to assess whether or not they are going to get what matters to them. In the beginning, you should offer what is necessary to establish a trusting relationship and to meet initial needs. This may be shelter, food, clothing, a ride, and/or arrangement for acute medical care. Successful engagement is the first necessary step in the process that leads to rehabilitation and recovery. Assertive engagement allows flexibility to meet the consumers' particular needs in their own environment or current location (i.e., hospitals, jail, shelters, streets, etc.). There are many challenges to engagement that include but are not limited to: symptoms, past negative experiences with the mental health system, locating the individual, beliefs about mental illness. It is designed as a short-term engagement service targeted to populations or specific consumer circumstances that prevent the individual from fully participating in needed care for mental health, addiction, or developmental disabilities issues.</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <p>Sandhills Center LME experiences a high volume of referrals from inpatient facilities and sees a high volume of inpatient admissions as well as bed days. Many of these individuals have not been successful in engagement with traditional mental health treatment. This situation is also common to higher intensity outpatient treatment services, whereas consumers meet medical necessity criteria for that level of care, but do not follow-through with treatment recommendations. There is currently no service in the IPRS service array that permits billing and payment for providers who must work to build relationships in a variety of settings, including jails, inpatient facilities, facility based crisis and in the community. The most comparable service, Assertive Outreach, is intended for homeless individuals only, and is an attempt to engage individuals until the case is formally opened. Sandhills Center would like to capture a method to fund providers who begin assertive outreach and engage individuals in treatment services. This service will promote treatment engagement and retention in services and reduce the need for crisis services and stop the cycle of readmission to higher levels of care.</p>
3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>Assertive Engagement is a method of outreaching to individuals who have severe and/or serious mental illness and/or addictive disorders, and or developmental disabilities and who have not effectively engaged with treatment for the disorder(s). The adults and/or children who are in need of this service have a history of erratic or non-engagement in treatment, erratic or non-compliance</p>

	\$15.00 – QP (Licensed and Unlicensed)
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average Unit Rate for Service</u> <i>(Provide attachment as necessary)</i></p> <p>To determine the rate for this service, we took the average per unit cost of community support and assertive outreach and decreased it by 15%. We feel that this new service encompasses components of both Community Support and Assertive Outreach. The average rate is applicable to meet this need.</p>
11	<p>Provider Organization Requirements</p> <p>Assertive Engagement services must be delivered by practitioners employed by mental health or substance abuse provider organizations that:</p> <ul style="list-style-type: none"> • meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA); • meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and • fulfill the requirements of 10A NCAC 27G.
12	<p>Staffing Requirements by Age/Disability</p> <p>This service can be provided by licensed clinicians, QP, AP or Paraprofessional staff</p>
13	<p>Program and Staff Supervision Requirements</p> <p>AP or Paraprofessional staff must be supervised by a QP</p>
14	<p>Requisite Staff Training</p> <p>Staff providing this service must have knowledge of motivational enhancement techniques or complete such training prior to delivering this service.</p>
15	<p>Service Type/Setting</p> <p>Assertive Engagement is intended to be flexible in its approach to meet the needs of adults and/or children in their own setting or current location. This service can be delivered as part of the discharge planning process from state operated facilities as well as in association with specific best and evidence based practices identified by the LME.</p>
16	<p>Program Requirements</p> <p>Assertive Engagement is designed to be an individual service requiring frequent contact to build/re-establish a trusting, meaningful relationship to engage or re-engage the individual into services and/or assess for needs. The service is designed to:</p> <ul style="list-style-type: none"> • Assess for and provide linkage to the appropriate level of care • Identify methods for helping consumers become engaged and involved in their care • Reduce hospitalization frequency and duration • Reduce utilization of crisis services • Provide continuity of care regardless of life circumstances or recovery environment • Improve compliance with medication • Increase social networks and improve family relationships • Prevent relapse • Focus on critical consumer issues • Increase accountability in community system • Ensure immediate needs are met, i.e. housing, food, clothing, linkage to medical treatment

17	<p>Entrance Criteria</p> <p>Consumers with a documented severe or serious mental illness and/or addictive disorder who have a history of erratic or non-engagement in treatment are eligible for this service. They must be identified as in need of active engagement, have experienced a significant therapeutic disconnect with the service provider or have an instance of/situation resulting in hospitalizations, or involvement with law enforcement.</p>
18	<p>Entrance Process</p> <p>Selected providers offering high intensity or best practice services may be able to utilize the service as one strategy to engage and retain consumers, prevent the repeated use of hospital or other crisis services, and reduce jail/detention utilization. Elements of the assertive engagement process include building trust with the consumer; assisting consumers with meeting basic needs for shelter, food and safety; providing education regarding services and making collateral contacts with family and others working with the consumer. Sandhills Center LME has developed a methodology for identifying those consumers with a high level of non-compliance and numerous hospitalizations, and these consumers will be prioritized for this service. Sandhills Center LME will develop a benefit plan outlining the amount and intensity of the service, which may be provided, based on individual consumer need and available funding. This service will require authorization through the Sandhills Center LME.</p>
19	<p>Continued Stay Criteria</p> <p>Not applicable; this is a short-term engagement service and not designed as a long-term method of service delivery.</p>
20	<p>Discharge Criteria</p> <p>Consumer is fully engaged in services; OR Consumer has refused recommended services after reasonable attempts have been made to engage him/her in treatment and no safety issues or concerns are present.</p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i> <p>Since this is a very short-term service, standard outcome measurement instruments such as NC TOPPS, MH/SA Consumer Satisfaction or NCI surveys are not applicable.</p> <p>Consumer outcomes:</p> <ul style="list-style-type: none"> • Consumers will re-engage with a provider agency or engage with a new provider agency • Consumers' utilization of community-based services will increase • Consumers' state hospital admissions will be reduced • Consumers' state hospital bed utilization will be reduced • Consumers' admissions to crisis evaluation and observation services will be reduced • Consumers' admissions to facility based crisis services will be reduced • Consumers' rate of incarceration will be reduced

